



## Child Safety Forms

### Authorization for Release of Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Email address \_\_\_\_\_

Previous Name \_\_\_\_\_

Previous Address \_\_\_\_\_

#### Personal References (may be the same as on the application)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

I authorize any references or churches listed on the application to give you any information (including opinions) that they may have about me in regard to the receipt and evaluation of this application by Logan Elm Baptist Church. I hereby release any individual, church, reference, or any other person including record custodians, both collectively and individually, from any and all liability or damages of whatever kind or nature.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_